

Breathing Air Application Worksheet

Contact Information:

Preferred:

Name: Phone:

Company: Email:

Address:

City: State: Zip:

Application Parameters:

- | | | | | |
|----------------------------------|--|--------------------|----------------|--|
| 1) System Type: | Stationary | Portable | | |
| | ↳ If stationary, system will be installed: | Indoors | Outdoors | |
| 2) Power requirements: | Electric (Single Phase) | Gasoline | Diesel | |
| | ↳ If electric, the voltage required is: | 115 VAC | 208 or 230 VAC | |
| | ↳ and the frequency required is: | 60 Hz | 50 Hz | |
| 3) Carbon monoxide requirements: | CO Removal & Monitoring | CO Monitoring Only | | |

Sizing Parameters:

- 4) Inlet flow available: scfm m3/hr
- 5) Inlet pressure available: psig barg
- 5) Delivered pressure required: psig barg
- 6) Maximum number of respirators to be used at any given time (quantity):
 Pressure demand masks Continuous flow masks Continuous flow hoods
- 7) Other devices to be operated on the breathing air supply (quantity & type):
- 8) Total Maximum Delivered Flow Required: scfm m3/hr

Options:

- 9) Remote alarm requirements: Audible Visual Both None

Other Considerations:

10) Other notes or requirements: